



**BIBLIOTHECA
MEDICA
CANADIANA**

VOL.2 NO.2 1980 ISSN 0707-3674



BIBLIOTHECA MEDICA CANADIANA

VOL 2, No 2

1980

The Bibliotheca Medica Canadiana is published five times per year by the Canadian Health Libraries Association. Opinions expressed herein are those of contributors and the editor, and not the CHLA.

Bibliotheca Medica Canadiana est publié cinq fois par année par l'Association des Bibliothèques de la Santé du Canada. Les articles paraissant dans BMC expriment l'opinion de leurs auteurs ou de la rédaction et non par celle de l'Association.

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INFORMATION FOR CONTRIBUTORS / AVERTISSEMENT AUX AUTEURS

Bibliotheca Medica Canadiana veut améliorer la communication entre toutes les bibliothèques canadiennes de la santé et les bibliothécaires eux-mêmes mais plus particulièrement rejoindre et aider ceux qui oeuvrent seuls dans les petites bibliothèques. La rédaction recevra avec plaisir commentaires et opinions. A ceux qui voudraient participer à la rédaction, on suggère de suivre pour les références bibliographiques le format utilisé dans le Bulletin of the Medical Library Association. Les articles, en français ou en anglais sont les bienvenus, mais il serait préférable de les rédiger dans les deux langues. La date limite pour un envoi à paraître au prochain numéro est: 27 juin 1980.

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The Bibliotheca Medica Canadiana is a vehicle for providing an increased communication among all health libraries and librarians in Canada, but has a special commitment to reach and assist the smaller, isolated health library worker. Contributors should consult recent issues for examples of the types of material and general style sought by the publication. Queries to the editor are also welcome. Bibliographic references should conform to the format used in the Bulletin of the Medical Library Association, whenever possible. Submissions in English or French are welcome, preferably in both languages. Deadline for the next issue is: 27 June, 1980.

FROM THE EDITOR

Let me preface my remarks with two comments.

First, what appears here is the opinion of the editor and not the Association. Second, while it's traditional for the editor to write an enthusiastic anticipation about the upcoming annual meeting, I'm not going to. Partly because my schedule requires me to write this in February when I still know nothing about the programme, and partly because I'd much rather write about the meeting I'm NOT going to attend.

I am NOT going to attend the Medical Library Association meeting in Washington this summer. In fact, unless I have a change of heart in the next ten months, I don't plan on renewing my MLA membership either.

Mine is not a new or temporary pique against the MLA; this is something that has been growing for the last several years. I joined what I thought was an international organization which would act as the voice for health sciences librarians everywhere. The MLA was international in that it addressed not only those concerns which normally extend beyond national boundaries, but also those problems and solutions which would be of interest to more than one country. This was only appropriate for an organization founded by two Canadians and one American back near the turn of the century.

Now, however, I think MLA needs a change of name. It should be called the American Medical Library Association.

My suspicions about the "international" quality of MLA began in 1974 with a CE course in San Antonio. The subject matter was library design and planning -- a fairly non-political topic with universal applications -- yet much of the instructor's time was spent expounding upon sources of federal assistance, NLM building programmes, state agencies for funding, and the like. In short, despite the lack of warning in the course description, I found much of the instruction and advice to be of use to only Americans.

Since then, over muttered imprecations from many sources, the trend has continued. Now the MLA, using fees from its members around the world, has developed courses on American copyright laws, on American government publications, and on American reference sources. Using fees from its members around the world, the MLA has developed an American certification code. And using fees from its members around the world, MLA has staged an annual meeting for June, 1980 with the theme: National Issues and Health Sciences Libraries.

(And to whet our interest in the convention, they have announced that the banquet speaker will be satirist Mark Russell, touted as the ideal speaker with "our upcoming fall election". I think someone should tell the MLA that we had OUR election last February.)

Sour grapes? Not really. I do not expect the MLA to avoid any issue or topic tinged with nationalistic applications, especially while a larger and more vibrant space in librarianship must be awarded to political action and funding needs. But, for example, how would the CHLA/ABSC members feel if we gathered in Vancouver this June and heard nothing but librarianship from the local viewpoint? Would we think our time and money well spent?

With its 1981 meeting scheduled outside the United States for the first time in decades, it will be interesting to see if the MLA displays any direction other than American.

Oh, by the way, I WILL attend the meeting in Vancouver.

MOT DE LA RÉDACTION

Avant d'attaquer le vif de mon sujet, j'ai deux remarques à faire.

Premièrement, cet éditorial exprime l'opinion de l'éditeur et non celle de l'Association. Deuxièmement, bien qu'il soit d'usage pour l'éditeur de commenter chaleureusement le programme de la prochaine assemblée annuelle de notre association, je n'en ferai rien. D'abord, parce que l'échéancier de la revue m'oblige à rédiger cet éditorial en février alors que je ne sais rien encore du programme, ensuite parce que je veux surtout discuter d'une autre réunion à laquelle je ne participerai pas.

Je ne participerai pas à l'assemblée annuelle de la Medical Library Association, qui se tiendra à Washington cet été. En fait, à moins d'un revirement subit d'ici les dix prochains mois, je n'ai pas l'intention de renouveler ma cotisation à la MLA.

Il ne s'agit pas d'une irritation soudaine ou momentanée; c'est un ressentiment qui grandit chez moi depuis plusieurs années. Je suis devenu membre d'une association internationale que je croyais être la voix de tous les bibliothécaires de la santé. La Medical Library Association était internationale non seulement parce qu'elle discutait des problèmes de la profession qui dépassent normalement les frontières régionales, mais aussi parce qu'elle étudiait des questions qui intéressent plus d'un pays en particulier. Ceci n'était que normal puisqu'elle avait été fondée au détour du siècle par deux canadiens et un américain.

Aujourd'hui, cependant, je crois que la MLA mériterait de changer de nom. On devrait plutôt l'appeler: The American Medical Library Association.

Mes inquiétudes concernant la nature "internationale" de la MLA ont commencé à l'occasion d'un cours d'éducation permanente qui se donnait à San Antonio en 1974. Le cours s'intitulait: "Planification et design des bibliothèques" - sujet a-politique aux applications universelles - mais le professeur consacra pourtant la majeure partie de son temps à nous expliquer les sources de financement qu'offrait le gouvernement fédéral américain, les programmes d'assistance à la construction de la National Library of Medicine, les agences des divers états susceptibles d'offrir des subventions, etc. etc. Bref, bien que le titre du cours n'en ait rien laissé prévoir, les informations et les conseils reçus étaient surtout pour l'usage des citoyens des Etats-Unis.

Dupuis lors, sourde aux protestations exprimées par le milieu, la MLA a continué dans la même direction. Actuellement, utilisant pour ce faire les cotisations de ses membres qui viennent d'un peu partout à travers le monde, on a développé des cours sur les lois américaines du droit d'auteur, sur les publications du gouvernement américain, et sur les ouvrages de références des Etats-Unis. Toujours au moyen des cotisations que fournissent les membres de l'association, la MLA a mis au point une certification américaine de la profession. Utilisant encore ses cotisations de toutes origines, la MLA annonce une assemblée annuelle de ses membres en juin 1980 avec pour thème: Les Problèmes nationaux et les bibliothèques de la santé.

(Pour mieux exciter votre intérêt à joindre la convention, elle annonce que le satiriste Mark Russell a été jugé le conférencier idéal pour le banquet annuel "vu les élections annoncées pour l'automne". Je crois qu'il serait bon d'avertir la MLA que NOUS AVONS EU NOS ELECTIONS en février dernier!)

Les raisins sont trop verts? Pas vraiment. Je ne demande pas à la MLA d'éviter systématiquement tout sujet d'intérêt national car je crois important pour l'avenir de la bibliothéconomie qu'on s'intéresse à l'action politique et aux sources de financement possibles. Mais, par exemple, que

penseraient les membres de CHLA/ABSC si nous devions nous réunir à Vancouver pour n'entendre discuter que des sujets d'intérêt locaux? Pourrions-nous en conclure que notre temps et notre argent ont été bien dépensés?

En 1981, pour la première fois depuis des années, l'assemblée annuelle de la MLA aura lieu hors des Etats-Unis. Ce sera l'occasion de vérifier si la MLA s'ouvre à des intérêts qui dépassent les frontières américaines.

Oh, en passant, je vais assister à la réunion de Vancouver.

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EDITOR'S NOTE:

For those of you who have been faithfully following the slow growth and development of the BMC, two things should now be obvious: first, the quality of the proofreading is atrocious and, second, we sorely need a bilingual editor. While I'm still working on the first point, albeit without evident success, I can report some delightful news on the second point.

At the CHLA/ABSC Board meetings last October, I submitted my resignation as editor effective this summer and stressed that the next victim chosen for this post should be literate in both English and French. With several months in which to coax another sacrificial lamb out of the forest, I was confident that the Publications Chairman, David S. Crawford, would secure the talents of an enthusiastic bilingualist. Instead, David has done even better: beginning with the October issue, the BMC will be the responsibility of two editors!

The new editors will be Pierrette Dubuc and Arlene Greenberg, both of Montreal. I recently extorted a brief, bilingual biographical note from each of them to serve as their introduction to the rest of the country.

PIERRETTE DUBUC

Pierrette Dubuc est actuellement chef du Centre d'Information sur la Santé de l'Enfant (CISE) à l'Hôpital Sainte-Justine. Pierrette est revenue à la bibliothéconomie en 1966 après plusieurs expériences en milieu communautaire. Au Département de Psychiatrie de l'Hôpital Sainte-Justine, elle a organisé la documentation imprimée et audio-visuelle et développé un modèle pour l'organisation du matériel thérapeutique ou didactique utilisé dans le traitement des enfants, dans le cadre d'un projet d'information provincial: C.I.E.A.I. (Centre d'Information sur l'Enfance et l'Adolescence Inadaptées).

En 1975, le service de bibliothèque médicale et le C.I.E.A.I. sont devenus le Centre d'Information sur la Santé de l'Enfant (CISE).

Pierrette Dubuc a participé à la fondation de l'Association canadienne des sciences de l'information dont elle a été la présidente en 1974/75. Elle a travaillé au sein de plusieurs comités de la Special Library Association (Montreal Chapter) de la section de la santé de l'ASTED dont elle fut la présidente en 1970/71. Actuellement, elle est membre de l'ASTED, de CHLA/ABSC, de l'ACSI/CAIS, de la Medical Library Association et de l'American Society for Information Science, et de l'Association des bibliothèques de la santé affiliées à l'Université de Montréal (ABSAUM).

Elle agit aussi comme coordonnatrice des bibliothèques de la santé de la région de Montréal pour la section Santé de l'ASTED.

Plusieurs communications et articles témoignent de ses activités professionnelles.

Pierrette Dubuc is presently head of the Centre d'Information sur la Santé de l'Enfant (CISE) at St-Justine Hospital, Montréal. She came back into the field of library science in 1966 after many years of community work. In the Department of Psychiatry at St-Justine, she organized documents and audio-visual material and developed a model for the organization of therapeutic material and teaching aids used for child treatment and therapy. This project, made possible by provincial funding, became officially known as the Centre d'Information sur l'Enfance et l'Adolescence Inadaptées (CIEAI).

In 1975, the Medical Library and the CIEAI merged to form the Centre d'Information sur la Santé de l'Enfant (CISE).

Madame Dubuc participated in the formation of the Canadian Association for Information Sciences (CAIS) and was president of that association for 1974-1975. She worked on several committees of the Special Library Association (Montreal Chapter) as well as of the Health Section of ASTED (Association pour l'avancement des sciences et techniques de la documentation) of which she was president for 1970-1971. Presently, she is a member of ASTED, CHLA/ABSC, ACIS/CAIS, MLA and the American Society of Information Science. In Montréal, she belongs to the Association des bibliothèques de la santé affiliées à l'Université de Montréal (ABSAUM) and she acts as coordinator for the health libraries of the Montreal region for the Health Section of ASTED.

ARLENE GREENBERG

Allow me to introduce myself...

I am presently Chief Medical Librarian of the Sir Mortimer B. Davis Jewish General Hospital. I came to this position in January, 1978 after spending eight years as Librarian of the Lady Davis Institute for Medical Research of the Jewish General Hospital. The Lady Davis Institute was founded in 1969. I started my career there working part-time during my last year of library school (MLS, McGill University, 1970). My responsibilities were to set up the library and build the collection to meet the needs of the research staff. We started with a small collection that had been kept in the Medical Library. Today, the collection consists of 5,500 bound journals and monographs and 70 current journal subscriptions. I moved over to the Medical Library in January, 1978. With a staff of 3 full-time library technicians, 1 part-time evening assistant and 2 volunteers we handle all internal functions both for the LDI and the Medical Library; i.e., ordering, selection, cataloguing, processing, interlibrary loans, binding, etc. The Medical Library has a collection of 17,500 bound journals and monographs and 350 current subscriptions. I enjoy all the joys and sorrows that go along with being an administrator. The JGH became an official MEDLINE centre in February, 1979 and now my favourite work is "Medlining".

I hold memberships in MLA, CHLA/ABSC and MMHLA (Montreal and McGill Health Libraries Association). MMHLA is our local group of Montreal Health Libraries and the McGill Medical Library. I was Chairman of this Association from 1976-1978. I have been a Member of the Union List Committee since its inception with the first edition in 1978. We have just put out the second edition (1980) of the Union List of Serials in Montreal Health Libraries/ Catalogue Collectif des Périodiques dans les Bibliothèques de Santé de Montréal ...a grand achievement listing 8,000 journal holdings of 48 Montreal hospitals and professional associations including the McGill Medical, Dental, Nursing and

and Botany/Genetics Libraries. The list is of tremendous value in the daily hunt of interlibrary loans. I am a member of the Local Arrangement Committee for MLA '81, to be held in Montreal. I will be handling banquet arrangements.

My colleague, David Crawford, ensures that I be kept busy. When he asked me if I would like to be co-editor with Pierrette, I hesitated, and then accepted with mixed feelings of fear and excitement. It's a challenge I couldn't refuse. I have always looked forward to hearing what you have to say, and more importantly, how you say it. I can assure you that there will always be space for you to 'air' your views.

I hope I have given you enough information...please edit as you like!

Arlene Greenberg est bibliothécaire en chef a la bibliothèque médicale de l'Hôpital Général Juif - Sir Mortimer B. Davis depuis 1978.

A peine avait-elle obtenu sa maitrise en bibliothéconomie de l'Université McGill en 1970, qu'elle relevait le défi de mettre sur pied la collection médicale du Centre de Recherche du Lady Davis Institute, lui-même rattaché à l'Hôpital Général Juif. Mademoiselle Greenberg fait partie de l'Association des Bibliothèques de la Santé du Canada/Canadian Health Libraries Association depuis ses origines. Elle appartient aussi à la Medical Library Association et à la Montreal and McGill Health Libraries Association dont elle fut la présidente de 1976-1978.

Membre du Comité chargé de la préparation et de la publication du Catalogue collectif des Périodiques dans les Bibliothèques de la Santé de Montréal dont la deuxième édition vient de paraître, Arlene Greenberg fait également partie du Comité d'organisation du prochain congrès de la Medical Library Association qui se tiendra à Montréal en 1981.

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CANHELP CORNER

- M. A. FLOWER

THE ADVISORY GROUP

In addition to the CANHELP Committee of health librarians, which I talked about last time, the other administrative group we have been planning is an Advisory Group of health professionals. This Advisory Group has been recruited by letter over a long period of time, although we would have preferred to make the proposals by way of personal interviews. Designing that letter was hard work. To our surprise, people have been very good about responding, although very slow. The first response took five months to come back. The day it came in was the day we knew the CANHELP Project would become a reality, and we settled in to the understanding that at least two months' turn-around time was to be expected. Our rejection record has actually been minimal; ninety percent of those we have contacted have shown considerable interest.

The first hope was to find at least six people across Canada who would be interested enough in hospital libraries to act as a sounding board for our ideas: two hospital administrators, two physicians and two nurses. We are now on our third round and we expect the participants will finally number ten. We have searched out individuals who are aware of some of the professional information resources in Canada, as well as of the information needs of their colleagues. We have also chosen people we suspect may have some vigorous ideas about how the resources might be exploited to serve those needs most adequately. We hope they will help us explore and define viable educational and political goals on which to build our self-help program.

Those who have consented to participate to date are:

Laura W. Barr, Assistant Executive Director of Patient Services at Sunnybrook Medical Centre in Toronto, and Past Executive Director of the Registered Nurses Association of Ontario.

Norman Barth, Administrator of the Burnaby General Hospital in Vancouver.

Dr. Oliver E. Laxdal, Director of Continuing Medical Education at the University of Saskatchewan in Saskatoon, who is well-known for his interest in small hospital libraries.

R. Kenneth McGeorge, Executive Director of the Halifax Infirmary, and President of the Canadian College of Health Service Executives.

James Nichol, Administrator of Wellesley Hospital in Toronto.

Beatrix Robinow, Health Sciences Librarian at McMaster University, who was appointed as their representative by the Administrative Advisory Committee of the Hamilton District Hospitals Joint Action Group.

Dr. Shirley M. Stinson, Professor in the Faculty of Nursing and the Division of Health Sciences Administration at the University of Alberta, and currently President of the Canadian Nurses Association.

Helen D. Taylor, Director of Nursing at the Montreal General Hospital, and Past Chairman of the Board of the Canadian Council on Hospital Accreditation.

Dr. J. H. Whiteside, Director of the Department of Laboratory Medicine at the Peterborough Civic Hospital in Peterborough, Ontario and longtime Member of

the Committee on Medical Library Services of the Ontario Medical Association.

Our target date for the invitational seminar is now the Fall of 1981. We are looking forward to a stimulating venture in the company of these, our busy advisors.

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CIDA GRANT FOR LIBRARY CONGRESS

- FRANCES K. GROEN

The Canadian Health Libraries Association/ Association des Bibliothèques de la Santé du Canada has received a grant of \$12,000 from the Canadian International Development Agency to promote the attendance of medical librarians from the developing world at the meeting of the Fourth International Medical Library Congress to be held in Belgrad, Yugoslavia from 1-4 September, 1980. The Congress has two intergovernmental sponsors: the World Health Organization and UNESCO, as well as a governmental and a local sponsor in Yugoslavia.

The theme of the Congress is "Health Information for a Developing World". To emphasize the importance of health information in socio-economic development, the programme is being organized with the help of an International Committee working along three sub-themes: 1) the Role of Health Sciences Libraries...Infrastructure for Information Services; 2) New Technology Applied to Health Information Services; 3) Cooperation through Health Information Networks.

Three continuing education courses, each a day in length, will be held immediately before the opening of the Congress, 1 September, 1980. These have been selected from a curriculum of over 50 courses developed by the Medical Library Association for their particular relevance to developing countries. Experienced teachers will be aided by teaching assistants from developing countries in adapting these courses. The language of instruction will be English, and a ceiling of 35 registrants has been set for each course, for a total of 135.

A fundamental purpose of the Congress is to assist in strengthening health library and information services in the developing world. Competition for scarce resources in developing countries makes it difficult for librarians and health information specialists to obtain funds from their governments and other indigenous sources, despite the fact that the educational experience described above is an inducement. Of the estimated 800 registrants, it is hoped that 300 will be from developing countries.

Funding made available through the Canadian Health Libraries Association/Association des Bibliothèques de la Santé du Canada will be distributed by the Congress Secretariat according to criteria proposed by the World Health Organization. Criteria include consideration of national need, professional aptitude, local circumstances and personal qualifications.

The contribution made available by Canadian sources will be used exclusively to assist librarians from the developing world.

FREE DELIVERY

- MARILYN MATHEWS

If you can't come to the Library, the Library will come to you.

I included the above message in a small bulletin sent out to the users of this Library about eight months after I started working here. It sums up a lot of what I learned in my first few months in this job and the role I have structured for the Library within this hospital.

St. Mary's is a 354 bed general hospital located in Kitchener, Ontario, a community of about 115,000 people. There are actually two hospitals located very close together serving this area. Kitchener-Waterloo Hospital is about seven kilometers away. Both hospitals have libraries and between the two of us we have an excellent collection of medical journals, monographs and reference sources.

My own background was as a "cog-in-the-wheel" librarian at the Science and Medicine Library, University of Toronto. At the U of T it was rarely difficult to define one's role. We each had a specific job to do: we manned the Reference Desk on a rotating schedule, we had every possible tool at our fingertips, and a "captive" clientele who needed our assistance daily.

My introduction to "skateboard" librarianship at St. Mary's was a real eye-opener. The collection here consists of approximately 1,800 books and 125 periodical subscriptions. I am employed on a part-time basis and work about five hours per day. In the beginning, I was occupied a good part of the time carrying out what might be termed the passive functions of a librarian: cataloguing, weeding the collection, moving things from this shelf to that and back again. I bought new editions of some standard books; I added Abridged Index Medicus; I dusted every book and washed down every shelf. On the whole, I spent the better part of a very lonely year this way, all the time watching people walk past my door. Past -- not through. It appeared that I could sit there in my little library day after day and grow a root if I wished.

The medical staff, with privileges in both hospitals, had long since grown accustomed to using K-W Hospital with its full-time staff for their reference needs and they were not about to change their habits -- nor should they. The hospital staff, especially in this non-research, non-teaching hospital, had little overt need for my neat rows of books and my up-to-date card catalogue. They seemed too busy in their own jobs to spend time browsing through the Library. I have it on good authority that "if it's important, they'll always find the time", but in my early experience here, coming to the Library for most of the staff was just before prayer on their list of last resorts. Unfortunately, those people who did come usually headed straight to the place on the shelf where "their" book had been before only to discover that I had moved it to another spot. Not a great introduction.

Now, this article is supposed to be a "how-I-do-it" and not a "how-to-do-it". I would like to share with the readers of the BMC -- especially those of you in similar positions -- how I set about to convince the hospital staff that they cannot get along without the Library. It has been a sort of make-work project.

The real beginning for me was the bulletin mentioned at the head of this article. This consisted merely of two pages stapled together and folded. I designed it, typed it and did the layout myself. The intent was twofold: to let the staff know what books and services were available in the Library and to give a shot of humour and lightness to the standard dull, dry (yawn) library

image. I have distributed two more similar bulletins since that first one and another is in the works. They have all been extremely well received although I was certainly not immediately flattened by a sudden stampede of turned-on book borrowers.

When I first started to work here I found it difficult to get to know people. Like a turnip in a barrel of apples, the library doesn't naturally blend into the hospital setting -- not a nurse, not a doctor, not a secretary -- I wasn't even full-time. But I have found that the old adage is very true: people like to talk about themselves. If you find out what really interests a person and then hand him something to read on that subject, it breaks a lot of ice. One way I have accomplished this is by providing short Inservices on library use. I gear the talk to the specific department I visit, take along a few new books and pertinent journals and show them how to use a periodical index. I encourage the staff to indicate where their interests lie and to talk about the courses they are taking. This provides me with information that I can put to good use later on.

THE LIBRARY WILL COME TO YOU is not just a slogan around here. I do a lot of moving around the building. When someone wants a book, I often try to take it to them instead of telling them to come to the Library. I do realize that this kind of moving around is not possible for every hospital librarian but I have found that it puts me in touch with the people who need my services and may not yet know it.

I have developed a current awareness system that has been very successful. I scan every new journal that crosses my desk, looking for any articles of interest to both whole departments or to individuals. I have a growing card file of people matched with subjects. I photocopy the journal's contents page, indicate the pertinent article and send it off to Pediatrics or Pharmacy or Dietary or wherever. These contents pages inform the individual of what is available right here in the hospital for him to read. He can then request the entire journal or a photocopy of the article or he can file the page for a later date. This idea has been particularly useful on the various nursing floors. Often the head nurse wants to buy her own books or keep the library's copy on her floor indefinitely so that her staff can read when they have a few spare minutes -- usually at night. Instead, many floors are now building up collections of journal articles on various topics. These are usually more current than books, better illustrated, less costly, easy to replace if lost and easier to read in short snatches.

Although I teach people how to use the Library and the indices, preparing bibliographies and gathering information for the staff is a large part of my job. I encourage people to call in or write down their reference questions if possible. This gives me time to collect material without keeping them standing around waiting. Here at St. Mary's, I have rarely been asked for information that requires a MEDLINE search. Most requests are for current articles concerned with present day nursing care or hospital administration issues. When doing a literature search, I usually list only articles in those journals available in this hospital. Often this provides me with more than enough material. If necessary, I then add articles available at K-W Hospital and, if still more is required, only then do I include material requiring an interlibrary loan. On occasions, I make copies of all the articles I find, place them in a small binder and -- presto! -- a new "book" on that particular subject is available for loan.

One interesting function of the Library here concerns book buying. During the past six months, the Library has become the control point for all media purchased by the hospital. Any requisition for books, journals,

tapes, etc. received by the Purchasing Department is automatically routed to the Library before being processed. Also, all such items received are sent first to the Library upon arrival. Thus, a master catalogue of all material in the hospital is being kept. This procedure is still fairly new, but it should help to avoid needless and costly duplication and, specifically with nursing books, it augments considerably the collection of books available in the Library. Each department still selects its own books and handles its own book budget.

I have a passionate dislike of statistics in general. The only only one of interest at St. Mary's is that, despite the fact that this library is unmanned (unpersoned?) for two to five hours every day (and accessible by key after hours), I have recorded the loss of only one book in the two years that I have worked here. I have no explanation for the above phenomenon. (Maybe none of my books are worth stealing.)

As with all libraries, this one lacks money, space and luxuries. (No free beer, PJ, but all the chairs have four legs!) Most of the people at St. Mary's don't feel deprived, however. On the contrary, they are usually amazed at how much information can be gleaned from such a small room. I have always emphasized to them how much we can do with what we have. Still, you just can't keep everything forever. I have established a shelf-life of about ten years. Older journals go into storage. Older books are a problem. I still hate the sound of a book hitting the wastebasket.

Enough already! There are many practical ways to deal with the limits imposed on a small hospital library. Every situation has its own unique tempests and tides but we are all more or less in similar rowboats. I am now hoping that the presumptuous sharing of some of my experience here at St. Mary's may prompt other one-man-band librarians out there to use the BMC as a medium for your own particular story.

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HEALTH AND SAFETY LIBRARIANS TO FORM GROUP

The founding meeting of the Ad Hoc Committee of Canadian Occupational Health and Safety Librarians (a forum for librarians and information specialists) will be held during the Canadian Library Association Conference in Vancouver in June, 1980.

Notice of the location and date of the Ad Hoc Committee meeting will be announced at a later date.

Librarians in this field are requested to forward their name, address and phone number to:

W. Keith McLaughlin (403/427-4671)
Librarian
Occupational Health and Safety Library
Alberta Workers' Health, Safety and Compensation
3rd Floor, 9820- 106 Street
Edmonton, Alberta T5K 2J6

You will be notified by mail before the C.L.A. Conference. It is hoped to have representation from all across Canada.

HOW TO GET STARTED IN MEDLINE

- LINDA MCFARLANE

Sunnybrook Medical Centre is a teaching hospital affiliated with the University of Toronto. It has 1100 beds, 2200 staff and about 1,000 students who spend all or part of their academic year on the premises. These students are enrolled in courses such as medicine, nursing, pharmacy, physiotherapy, and the like. The library has a collection of approximately 5,000 books, 475 current subscriptions, and over 1,000 audiovisual items. Over a year ago, in February, 1979, Sunnybrook Medical Centre became one of the first hospitals in Canada to become a MEDLINE centre. This was my first venture into the world of computers and in the past few months I have received phone calls from several other librarians wanting to know what to do to get started. So, although our editor tells me he cannot even conceive of a library without a MEDLINE code, let alone remember what went into acquiring one, it may be quite helpful to some of you, particularly in hospitals or small research centers, to share in what I have learned. Since this article is based on my personal experiences, it certainly cannot be definitive, exhaustive or infallible, but it may save some of you a lot of time, or headaches, or both.

The basic steps in getting started are:

- (a) convince yourself that being a MEDLINE centre will help you,
- (b) assure yourself that you can meet the requirements of being a MEDLINE centre,
- (c) work out a budget,
- (d) convince your boss to approve and fund the service,
- (e) apply to CISTI for a MEDLINE code,
- (f) acquire the necessary equipment,
- (g) acquire the necessary training,
- (h) set yourself up in business.

A. Deciding if MEDLINE is for you.

This should not be too difficult. There are lots of sources of information describing MEDLINE's scope and capabilities,¹ a tape-slide from NMAC that shows how it works,² a Medical Library Association continuing education course, etc. If you find it useful to have the Index Medicus, you will probably find it more useful to have MEDLINE.

MEDLINE's primary advantages over the Index Medicus are four-fold: speed (helpful when a clinician wants an answer in a few minutes); a larger selection of journals covered (the various files available and their scope are described in the literature¹); more points of access (key words, journal titles, dates of publication, etc.); and greater flexibility (you can ask for combinations of various search elements and even change your mind in mid-search).

Anyone interested in receiving a description of the services which are available to a MEDLINE centre should write to: Mrs. B. Stableford, MEDLINE Coordinator, Health Sciences Resource Centre, CISTI/NRC, Ottawa, Ontario, K1A 0S2.

B. Assure yourself that you meet the requirements.

If you are granted a MEDLINE code, you will be required to sign a contract which outlines the rights and responsibilities of both CISTI and the MEDLINE center. Through the Health Sciences Resource Centre, CISTI coordinates and directs MEDLINE services in Canada, issues ID codes, and provides training and updating information for searchers. HSRC staff are continually on call to help with any problems and also act as a clearinghouse for all information about

MEDLINE. As a MEDLINE user, you will be required to provide your own terminal and staff to formulate and run searches. You must also agree not to copy any information in machine-readable form.

It is best if you are in a position to provide hardcopy, either from your own collection or through interlibrary loan arrangements with local libraries, in support of the citations retrieved through MEDLINE. You should also give some thought to the impact that introducing a computer search service will have on your workload and whether you will be adequately staffed to handle it. In our own case, use of our collection went up by 25% in 1978-1979, and our interlibrary loans increased about 6%. It is not possible though for us to determine how much of this increase can be attributed to the introduction of MEDLINE. As each institution is unique, the impact of introducing MEDLINE will vary considerably.⁶

C. Work out a budget.

If you have always thought of computer systems as being prohibitively expensive, you may be in for a pleasant surprise.

Some of the costs that you must meet are one-time only and some are recurring, some are fixed and some will vary from month to month. Figures given here should be treated as estimates only since actual costs will also vary in different areas of the country.

One-time charges

Training costs	\$ 30
Transportation to/from Ottawa	varies
Accommodation (3-4 nights) in Ottawa	varies
Installation charge for terminal	\$ 25-50
Cost of terminal (if purchased)	\$ 1,500-3,700*
Cost of acoustic coupler (if purchased)	\$ 300*

*for 300 baud equipment; 1200 baud will be higher

Recurring charges

Fixed:

Cost of terminal (if leased)	\$ 100-125/mo*
Telephone line (if required)	\$ varies
Modem (if required)	\$ 20/mo*
Annual updates of searching tools	\$ 50
Update seminars	\$ 30**

*for 300 baud equipment; 1200 baud will be higher

**plus transporation, where required

Variable:

Connect time with the computer; Telecommunications charges; Miscellaneous charges for files searches and pages of printout; Royalty charges for some of the data files.

There are some ways to pare costs. A common one is to pass on all or part of the costs to the end user. There are several articles debating the advantages and disadvantages of this.³⁻⁶ HSRC can provide information on the formulae currently in use at other Canadian MEDLINE centres. Another way to reduce the costs to the library is to take maximum advantage of the prime and non-prime access hours. In order to spread the demands on the computer, the NLM offers reduced rates for connect time at certain hours of the day. Smaller centres may often get a greater proportion of their work done in these non-prime hours than the larger ones because they have a smaller number of searches to run.

Also, before you go shopping for a terminal, check to see if a compatible machine isn't already available in your institution that you can borrow as you need it. Ask your purchasing agent or your systems analyst.

You can, of course, be as extravagant as you please, but you can probably provide a reasonable service in your centre for between two and three thousand dollars annually.

D. Get approval.

To convince your administrator to approve your request for a MEDLINE code, you should be able to give a clear statement of the anticipated costs and benefits of the system to your particular institution. If your administrator is concerned about cost overruns, it may help to point out that most of the costs of a computer-related installation involve creating the database and writing the programmes to manipulate this database. You are in no way involved in these activities; you are required to pay merely for the use you make of the system.

Make sure that your administrator is aware that you do not have to store the database in-house; you only require a terminal the size of a typewriter to connect with the database, which will be hundreds, or perhaps thousands, of kilometers away. If there is a centre near you which already has MEDLINE, it may help to arrange a demonstration of the system for your administrator. If you have records of the time it took you to do the same sort of searches manually, work out how much this cost in terms of your salary and compare this to some of the published figures for online MEDLINE costs.⁶

E. Apply to HSRC.

With your administrator's approval, write a letter of application to the Health Sciences Resource Centre of CISTI. Tell them who you are, whom you serve, how large your collection is, what services you offer, how you are supplementing your own resources, and give an estimate of how much use you are expecting to make of MEDLINE. How I arrived at this latter estimate was to:

- ask the University of Toronto how many searches they had done for SMC people in the preceding year (U of T provides service for its teaching hospitals)
- add the number of searches I had done manually
- multiply this total by an estimated 20 minutes per search
- double the result, assuming business would go up if we were able to offer the service on the premises.

I underestimated.

F. Acquire equipment.

If you have never been involved in evaluating or selecting a computer terminal before, you will be relieved to know that help is available. The HSRC will tell you the mandatory technical requirements for your terminal; they also told me of an excellent article which outlines all the choices you have to make, noting the advantages and disadvantages of each option.^{7,9} The HSRC is also willing to give advice if requested. You might also keep your Purchasing Department or Systems Department informed of what type of machine interests you, since they may wish to standardize machines within your institution.

Where possible, deal with a local firm who will be able to provide service relatively promptly. You might ask prospective suppliers to give you the names of other clients in your area who are using the terminal which you are considering. You could then check to see how satisfied they are with that particular piece of equipment.

A point to bear in mind is that you will need some way of connecting your terminal to the telephone. I was surprised to discover that only portable terminals have a coupler built-in to them. Read carefully the section about how to select couplers and modems.⁸

Another equipment question to be settled is whether or not you will need a separate telephone line. Your answer will probably be yes if:

- your calls go through a switchboard,
- you are a high-volume user and will use one line almost exclusively for MEDLINE, or
- telephone lines in your area are rather elderly and inclined to feed you a lot of noise and static.

I am managing quite well without a separate line. On the advice of our telephone company, I had a button installed which enables me to prevent anyone from dialling in on my search from another extension; this costs \$1.00 per month.

G. Take the training course.

You are responsible for registering with the National Research Council for the course, and for booking your own transportation and hotel accommodation. HSRC will send you a map of downtown Ottawa and information on bus routes to CISTI, where the courses are taught.

H. Set yourself up in business.

(a) Publicity

Once you are sure that your programme is going to go ahead, you need to launch a publicity campaign. Make sure that your staff have accurate information about what is going on. Use any available in-house publication to tell your users (both present and potential) about what is coming. If you have an Art or Publicity Department, they may be persuaded to make a poster or two. Design a brochure giving basic information about what MEDLINE is, what it can do, who can use the service, what it costs and how long it takes. Arrange some seminars and demonstrations. I have been amazed at the number of people who were bashful about asking for a search because they thought that they would have to talk to the computer over the telephone. Let them see what a MEDLINE search really looks like.

(b) Records and forms

The principal forms to consider are: a request form, a billing form, and a daily log of activity. The easiest way I know of to design these forms is to get samples from other MEDLINE centres and, with their advice on the usefulness of each form, modify them for your own circumstances.

What you keep in your daily log will depend to some extent on whether you decide to charge and on what basis, for example, a flat fee or a variable fee dependent upon connect time, pages generated, files searched, etc. The billing information which you will receive each month from NRC will give you the total prime hours, total non-prime hours, total hours of communication, total offline prints (number of pages), total offsearches (number of files), royalty charges for CHEMLINE or TOXLINE, plus the conversion factor for the Canadian dollar. If requested, HSRC can also supply a log of charges incurred daily and a summary by file. There is usually over a month's delay in the NRC billings so that, for example, the January invoice arrives in March.

The information which I have decided to keep in my log for the present time is:

- date
- name and status of user
- search number (which I assign sequentially)
- file(s) searched
- logon and logoff time, and the total elapsed time (these are provided for you by the system)
- time spent formulating the search strategy.

Since we bill on the basis of connect time plus total number of citations generated, I keep track of:

- the citations generated online and offline,
- the charges and billing date,
- date when the offline printout arrived.

I also have a column for comments where I record things like "technical difficulties". I wish I had devised a way to keep track of things like: how those citations generated by MEDLINE searches which were then actually used by the requestor added to our workload, what proportion of requests we could meet from our own collection and what proportion we had to borrow. Because there is often a time lag between the time when users receive their printout and when they get around to reading, and because these requests are not always identifiable as relating to a previous search request, we have not been able to compute these figures.

However, the data I do keep has enabled me to work out:

- searches run per month
- the more "popular" databases
- which groups of users ask for the most searches
- which individual users bring us repeat business
- the average number of citations retrieved per search with the range and median
- the average cost of a search with range and median

(c) Backup

To cover time when you are unavailable (vacations, illness, etc.) you should either have a second person in your organization trained or arrange for assistance from a nearby centre.

(d) Supplies

Depending upon the type of terminal you are using, you are going to need paper and possibly also ribbons. Your machine vendor will likely supply these; if not, ask him to recommend a supplier.

(e) Machine trouble-shooting

Many different agencies are involved in providing MEDLINE service through your institution: your machine vendor, DATAPAC, TELNET, your telephone company, the NLM, etc. There can be a mechanical failure anywhere along the line and there is a temptation for each supplier to try to persuade you that it is someone else's fault. Reach your machine manual thoroughly and make notes on every bit of trouble that you encounter so that you can begin to make out a protocol for yourself. Hospitals in particular are full of heavy duty equipment that draw lots of power. If every now and then your machine prints out a line of profanities at you, it may be because of power surges. You might ask your engineers to test these and to build a little box to filter them out.

Things To Do; A Brief Summary

Your editor suggested a checklist of things to remember if you're embarking on the MEDLINE road. If have not tried to give time intervals since there will be varying degrees of delay (for example: between writing to your administrator and getting an answer). Also, the order is not inflexible.

1. Write proposal to your administrator.

Describe - nature of MEDLINE

- advantages of the system
- obligations of MEDLINE centres
- estimates of usage and costs

2. When permission is granted, write a letter of application to

Eve-Marie Lacroix, Head, Health Sciences Resource Centre.

Describe - your library organization

- your user community
- your library's collection
- ILL arrangements to supplement your collection
- estimates of your MEDLINE usage

3. Gather information from the literature about data terminals and their library applications.

4. When you receive approval from the HSRC and are awarded a MEDLINE code, you have a lot to do:

- sign and return the contract
- register for the training course
- arrange transportation and accommodation for your course
- set up a deposit account with the National Research Council (it is optional, but highly recommended)
- prepare a tender request with your Purchasing Department for a data terminal for the library
- discuss possible modifications to your telephone equipment with both your telephone company and your institution's engineers
- begin planning a publicity campaign
- work out details of your charging policy and have these approved by your administration
- discuss with Accounting the mechanics of charging for services: which forms are required, who collects the money, where it is deposited, etc.
- interview salesman and view terminals
- design descriptive/informational brochures for MEDLINE
- select terminal and order supplies for it, if required
- design forms and internal recording systems
- attend training sessions
- supervise installation of data terminal
- run several trial searches
- schedule seminars and demonstrations

If you still do not think that you can have your own MEDLINE terminal, do not despair. It is possible to submit joint applications on behalf of more than one institution. HSRC will also run searches for you (present cost is \$30.00 each) or will be able to refer you to a MEDLINE centre closer by that will do them for you.

Notes

1. See, for example: East, Mary Lynne. Bluffer's guide to MEDLINE. Bibl Med Can, 1:45-47, 1979.
2. National Medical Audiovisual Center. On-line MEDLARS searching. 1 audio-tape, 55 slides. 20 min. 1973.
3. Blake, Fay M. and Perlmutter, Edith L. The rush to user fees: alternative proposals. Libr J, 102:1005-1008, 1977.
4. Linford, John. To charge or not to charge: a rationale. Libr J, 102: 2009-2010, 1977.
5. Calkins, Mary L. On-line services and operational costs. Spec Libr, 68: 12-17, 1977.

6. Werner, Gloria. Use of on-line bibliographic retrieval services in health sciences libraries in the United States and Canada. Bull Med Libr Assoc, 67:1-14, 1979.
7. Radwin, Marks. The intelligent person's guide to choosing a terminal for on-line active use. Online, 1:11-19, 64-66, 1977.
8. I have since discovered a similar article: Selecting teleprinters for library applications: an introduction. Libr Comput Equip, 1:4-21, 1979.
9. A revised version of #7 is included in: Online terminal guide and directory, 1979-80. 2d. Weston, Ct, Online Inc., 1978. pp. 3-11.

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HEALTH AND WELFARE APPOINTMENT

The Departmental Library Services Division is pleased to announce that Miss Monique Marchand has recently joined the Department of National Health and Welfare as Head, Collection Development and Organization within the Departmental Library Services Division.

Miss Marchand's main responsibilities will be to develop and implement the selection and acquisition policy for the library; to direct the selection and weeding programme; to direct and organize the preparation of in-depth literature searches. In the areas of collection and development and rationalization, Miss Marchand will serve as liaison among the various components of the Departmental library network and between the Departmental Library System and the library community, national and international.

Prior to this appointment, Miss Marchand held a number of library and related positions, the most recent of which was Chief Librarian at the Public Service Staff Relations Board. She has also worked at the Vanier Institute of the Family, and as Librarian at Expo '67.

La Division des services de la bibliothèque du Ministère est heureuse d'annoncer que Mlle Monique Marchand s'est récemment jointe au personnel du ministère de la Santé nationale et du Bien-être social en acceptant le poste de Chef, Développement et organisation des collections, de la Division des services de la bibliothèque du Ministère.

Mlle Marchand aura pour tâche principale d'élaborer et de mettre sur pied une politique de sélection et d'acquisition pour la bibliothèque; de plus elle assumera la direction du programme de selection et d'émondage; organisera et dirigera la préparation de recherches documentaires approfondies. Enfin Mlle Marchand jouera le rôle d'agent de liaison au sein du réseau des Services de bibliothèque du Ministère, et entre la Division des services de la bibliothèque du Ministère et le milieu bibliothécaire à l'échelle nationale et internationale en ce qui touche le développement et la rationalisation des collections.

Avant sa nomination, Mlle Marchand a occupé de nombreux postes de bibliothécaire ou des emplois connexes, le plus récent étant celui de bibliothécaire en chef à la Commission des relations de travail dans la Fonction publique. Elle a aussi travaillé à l'Institut Vanier de la famille ainsi qu'en tant que bibliothécaire à Expo 67.

NEWS ITEMS

The Sudbury General Hospital Library through HASEPS 679-171 has published a list of journals, indexed in the Index Medicus, which are held in local hospitals and related institutions. A limited number of this union list is available, plus a few copies of the report of interviews of health agencies in the District of Sudbury. These can be obtained by writing to: Sudbury General Hospital, Hospital Library, 700 Paris Street, Sudbury, Ontario.

The Toronto Medical Libraries Group, one of the largest chapters of CHLA/ABSC, may also be its fastest growing. Since October, 1979, 86 paid members have joined the Group.

The OMA/OHA/RNAO Workshop for Health Sciences Library Personnel will be held 2 June, 1980 at the Ontario Hospital Association Educational Centre in Toronto. The theme of the workshop is: The Library Within the Organization. Speakers will be dealing with the financial management of the library (budgeting and accounting) and the profile (selling) of the library.

The Ottawa/Hull Chapter of CHLA/ABSC has elected a new Executive for 1980-1981. Margaret Taylor, Children's Hospital of Eastern Ontario is the new President; the Vice-President is Dianne Kharouba from CISTI; and the new Secretary-Treasurer is Sheila Dyne of the Queensway-Carleton Hospital.

The Ontario Medical Association's 1979/80 Suggested List of Basic Books and Journals; Supplement One: Medical Books and Journals and Supplement Two: Health Sciences Books and Journals are now available. Write to: The Library, Ontario Medical Association, 240 St. George Street, Toronto, Ontario, M5R 2P4.

Effective 1 May, 1980, J. Claire Callaghan, formerly Information Services Librarian at the Health Sciences Library, McMaster University became the Director of the Canadian Memorial Chiropractic Library in Toronto. She will be busy planning a large library addition this summer and then expanding the collection from 3,000 to 11,000 volumes in two years. In time, she will also become involved in clinical librarianship activities.

Ms. Denise Hodge has replaced Mrs. Michele Running as the Serials Assistant at the Bracken Library, Queen's University, Kingston.

A course designed specifically for hospital librarians is now in the planning stages at the Faculty of Part-time and Continuing Education, University of Western Ontario, London, Ontario. It is hoped that the course will be offered for the first time in September, 1980. For further details, write to: Dr. Geoffrey Pendrill, School of Library and Information Science, University of Western Ontario.

A LIRE / CURRENTLY READABLE

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Casting light on Darwin's Ape at Queen's University.
Can Med Assoc J 122(6):708-709, 22 Mar 1980.*

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International Encyclopaedia of Pharmacology and Therapeutics: duplication or
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Effective records management.

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The effect of inflation on the cost of journals on the Brandon list.
Bull Med Libr Assoc 68(1):47-52, Jan 1980.

Key JD

Thomas E. Keys...Medical librarian, historian, scholar, and author -- extra-
ordinarius.
Minn Med 62(12):883-886, Dec 1979.

Quigley PA

National Health Service information and planning systems -- Help or hindrance
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The educational resources information center.
Except Child 46(3):194-199, Nov 1979.

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New library buildings: Bracken Library, Queen's University, Kingston, Ontario,
Canada.
Bull Med Libr Assoc 67(4):387-393, Oct 1979.

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Using computers to search dental literature.
J Md State Dent Assoc 22(2):91-98, Aug 1979.

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J Biocommun 5(2):28-30, Jul 1978.

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Pediatr Nurs 5(3):31-33, May-Jun, 1979.

*the inside pages of this issue incorrectly label it as volume 120, number 6.

Olaleye CA

The organization and administration of libraries including library resources.
Niger Nurse 10(2):33-36, Apr-Jun 1978.

Martin JC

The need for a national framework for hospital management information systems.
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Textbook selection for associate degree nursing programs (an evaluative study).
JNE 18(1):11-16, Jan 1979.

Mason F, Kopel HM

A dental library current awareness service.
J Dent Educ 42(4):202-205, Apr 1978.

Clark JM, Stodulski AH

How to find out: a guide to searching the nursing literature.
Nurs Times 74(8):suppl 21-24, 23 Feb 1978.

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HUGH THE FLORIST: A FABLE

There's a story making the rounds of the electronic innards of the University of Manitoba computer about a very shy man who grew flowers and sold them for a living. They were the most beautiful flowers one would ever want to see. His florist shop was known far and wide and his fame, along with his flowers, grew and grew. His name was Hugh and everyone knew him as Hugh the Florist.

One day, a group of monks moved into the district and, besides their church activities, they also began to grow and sell flowers. This flower activity by the monks greatly worried the members of the influential Business for Businessmen Society who feared for the livelihood of Hugh the Florist. Several tried to discourage the monks with tax threats and so on, but to no avail. Finally, after great prodding by the townsfolk, shy Hugh went to the brothers and explained that his flowers were his only support and asked that the monks discontinue selling flowers.

To everyone's surprise, the monks stopped immediately, which only goes to show that...only Hugh can prevent florist friars.

MORAL: If you want to prevent this kind of thing happening in the BMC again, please send in your library-related submissions promptly.

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POSTSCRIPT

- THE EDITOR

When I received the source copy for the CANHELP Corner which appears in this issue, it bore a short note from Mrs. Flower apologizing for the delay but pleading the spring weather as an excuse. I'm in total sympathy with her. With weather like this, who can concentrate on working in a library?

By the time you're reading this, you may well be quite blasé and more than acclimatized to summer, but at the time that I'm writing this the strange, warm air outside is a delightfully new, seductive phenomenon. If you have a strong memory and a keen affection for regions other than your own, you may recollect that in late April Winnipeg was being blessed with an overpowering burst of very high centigrades. Not only does this lead to the sudden disappearance of the few remaining banks of snow, but also results in the rapid blossoming of innumerable young ladies in brief shorts and briefer halter tops, proof indeed that spring is busting out all over.

I know, I know, this is supposed to be a library journal and not a weather report. I must retrieve my thoughts from their sylvan frolic in the spring (concentrating on weeding, raking, and those other nasty things my wife expects me to do in the backyard helps immeasurably) and think about library matters instead. But it's very difficult...

The most important library matter on the horizon is the upcoming annual meeting in Vancouver. I always enjoy annual meetings despite the fact that they tend to highlight my inability to match names and faces. Once you get over the awkward stages of remembering who is who and what name they go by (initials are so much easier to remember -- I rarely forget mine) and then get on to the serious business of drinking, you can find out what really goes on in this country. I've learned far more about the library scene in Canada from sitting in bars with the right people than from reading copious library literature. Whether that's a commentary on library literature or librarians' livers remains a moot point. I'd be happy to set up a research project to examine this, and other, moot points if someone else would volunteer to pay for all of the drinks that would have to be consumed. (Hence the old research expression: getting a moot-full.)

The other nice thing about the conference is that it gives me a chance to get out to Vancouver, something I don't do nearly often enough. Vancouver is a beautiful city with nice, warm -- whoops, I'm drifting back to the weather again.

Another important library matter is the pair of feature articles in this issue by Mathews and McFarlane. While trying to slant itself towards the smaller-health-library worker, the BMC often tends to fill its pages with material more of interest to the larger academic libraries. Part of this reflects the fact that the editor works in one of those ivory towers (and I bet you thought I worked in a library), but largely it stems from the fact that I don't receive a whole lot of material from the smaller libraries. I was very pleased to get these two submissions and, as Marilyn Mathews notes at the end of her paper, we're hoping more people will be encouraged to set pen to paper and write of their own experiences. Try it and see. It'll give you a nice warm feeling all over.....not unlike the weather outside right now.

Peace.